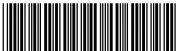


|   |  |  |
|---|--|--|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10583601 | <b>Applicant(s)/Patent Under Reexamination</b><br>OKASAKA, AKIRA |
|   | <b>Examiner</b><br>LINDA B SMITH           | <b>Art Unit</b><br>2862  |

| ORIGINAL           |                                   |          |     |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                 |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|--|--|------------------------------|---|---|---|-----------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |  |  | CLAIMED                      |   |   |   |                 | NON-CLAIMED |  |  |  |  |  |  |  |
| 396                |                                   | 213      |     |  |  | G                            | 0 | 3 | B | 7 / 00 (2006.0) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| 396                | 187                               | 215      |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| 348                | 221.1                             | 229.1    | 362 |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|  |                          |                                   |                        |
|--|--------------------------|-----------------------------------|------------------------|
| /LINDA B SMITH/<br>Examiner, Art Unit 2862<br><br>(Assistant Examiner)     | 01/12/2009<br><br>(Date) | <b>Total Claims Allowed:</b><br>7 |                        |
| /W.B. Perkey/<br>Primary Examiner, Art Unit 2862<br><br>(Primary Examiner) | 01-13-9<br><br>(Date)    | O.G. Print Claim(s)<br>1          | O.G. Print Figure<br>3 |